

Application Data Sheet

Application Information

Application number::	<u>10/690,806</u>
Filing Date::	<u>10/21/03</u>
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	LUMINESCENT METAL ION COMPLEXES
Attorney Docket Number::	019079-001610US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	7
Small Entity?::	Yes
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl.::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Ronald
Middle Name:: M.
Family Name:: Cook
Name Suffix:: Ph.D.
City of Residence:: Novato
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 7 Meadow Lane
City of Mailing Address:: Novato
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94947

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Matt
Middle Name::
Family Name:: Lyttle
Name Suffix::
City of Residence:: Point Reyes Station
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 251 B Street
City of Mailing Address:: Point Reyes Station
State or Province of mailing address:: CA

Country of mailing address:: US
Postal or Zip Code of mailing address:: 94956

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mary
Middle Name:: Katherine
Family Name:: Johansson
Name Suffix:: Ph.D.
City of Residence:: El Cerrito
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 867 Seaview Drive
City of Mailing Address:: El Cerrito
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94530

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/420,485	10/21/02

Foreign Priority Information

Country::

Application number::

Filing Date::

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::